

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 16, 1992

ALL-COUNTY LETTER NO. 92-41

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CHIEF PROBATION OFFICERS

SUBJECT: AID TO FAMILIES WITH DEPENDENT CHILDREN-FOSTER CARE  
(AFDC-FC) ELIGIBILITY REQUIREMENTS.

REFERENCE: ELIGIBILITY AND ASSISTANCE STANDARDS (EAS) 45-201.4,  
ELECTRONIC SIGNATURE.

The purpose of this letter is to inform counties of a change in policy regarding automated case management systems in the eligibility determination process for the Aid to Families with Dependent Children-Foster Care (AFDC-FC) Program.

In order to establish or continue AFDC-FC eligibility, the agency with responsibility for the placement and care of a child must ensure that the services requirements pursuant to EAS Section 45-201.4 are met. Accordingly, EAS Section 45-201.44 states:

"The income maintenance case record shall contain a statement from the placement worker, on the SOC 158A (7/90) form which certifies that the above requirements have been met. This certification shall occur at the time of application, at redetermination of the child's AFDC-FC eligibility, and when there is a change in the authority for placement."

In the past, the Department has instructed counties that for purposes of AFDC-FC eligibility, EAS 45-201.44 requires the SOC 158A or the county facsimile in the income maintenance (eligibility) file be signed and dated by the placement worker in order to certify that services requirements had been met. The Department has reconsidered this position as more counties are moving towards automating case management systems in Child Welfare Services and eligibility.

Effective immediately, counties with automated case management systems which provide for an electronic signature on the SOC 158A or county facsimile meet the requirements of EAS 45-201.44.

However, the Department will still require counties with automated case management systems to keep a copy of the SOC 158A or county facsimile signed and dated by the placement worker, in the services file.

For counties without automated case management, there is no change. The services and income maintenance files must both contain a SOC 158A form or county facsimile signed and dated by the placement worker.

If you should have any questions regarding this matter, please contact your Foster Care Policy consultant at (916) 445-0813.



LOREN D. SUTER  
Deputy Director  
Adult and Family Services Division

cc: CWDA

Effective June 1992, the SAWS 2A, Important Information for Applicants and Recipients, coversheet to the JA 2 and SAWS 2, Statement of Facts, will be modified to provide this notice. In the interim, applicants must be provided a written notice of these penalties at the time of application. A recommended form is included as Attachment II (TEMP 1999 Bi).

Federal regulations also require that "individuals who are recipients on the date of approval of the state plan amendment implementing this optional program must be provided a written notice no later than the next redetermination for AFDC." To meet this federal mandate, a stuffer was included with the March 1, 1992, Medi-Cal card sent to all AFDC/FG and AFDC/U recipients.

#### IMPLEMENTATION OF SANCTIONS

An individual found guilty of an IPV must be notified per EAS 20-352.4. A copy of the notification (ABCD 239.7A (1/92)) is attached with this letter (Attachment III). These forms may be ordered from the DSS warehouse following current procedure.

Notice of Action information is included as Attachment I.

Remember that the disqualification only applies if the individual is otherwise eligible. Thus someone not currently aided will begin to serve the disqualification only after they reapply and are found otherwise eligible.

#### STATE HEARINGS AND DURATION OF PENALTY

State hearings may be requested only on the implementation process, such as effective dates, and on the computations of the grant. A recipient does not have a right to a state hearing based on the disqualification penalty. A disqualification penalty can only be reversed by a court of appropriate jurisdiction. However, the duration of the penalty is not subject to review without possibility of an administrative stay, unless and until the finding upon which the penalty was based is reversed by a court of appropriate jurisdiction but in no event shall the duration of the period for which such penalty is imposed be subject to review.

#### DISQUALIFICATION CONSENT AGREEMENTS (DCA)

Unlike DCAs in the Food Stamp Program, federal AFDC regulations require these agreements to be "confirmed by the court." The DCA forms have been modified accordingly and will be available from the DSS warehouse (See Attachment IV - ABCD 478A).

#### STATISTICAL ACCOUNTINGS

The IPV disqualification must be reported on the DPA 266 (Fraud Activity Report), Part D. In addition, the county must report pertinent IPV data to the Department

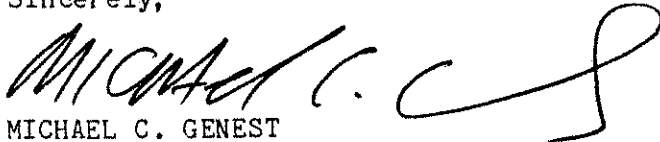
via Form DPS 524. (Copy provided as Attachment V.) This form will initially be available at the Fraud Program Branch and later at the DSS Warehouse.

The Fraud Program Branch is in the process of developing a computerized file of disqualified AFDC and Food Stamp individuals. This file will eventually become part of the IEVS Applicant System and will be in place by the fall of 1992.

Until that program is implemented the control file will be maintained by the Fraud Program Branch. Inquiries on any disqualified individual should be addressed to that branch.

Questions concerning Division 20 of the regulations should be addressed to Rick Tibbetts of the Fraud Program Branch at (916) 445-0031. Questions concerning AFDC issues should be addressed to Dennis Ragasa of the AFDC Policy Bureau at (916) 654-1063. If you have any questions, regarding the Notice of Action messages, contact John Honeycutt at (916) 654-1077.

Sincerely,

A handwritten signature in dark ink, appearing to read "MICHAEL C. GENEST", with a large, stylized flourish extending from the end of the signature.

MICHAEL C. GENEST  
Deputy Director

Attachments

## ATTACHMENT 1

### NOTICE OF ACTION MESSAGES

**Year ACL Issued:** 1992

**ACL Subject:** AFDC Disqualification

**M20-353 (1/92), Change Message - IPV Penalty Applied to AU**

The M20-353 message was developed to inform the AU of a change in cash aid because a member has been sanctioned for an Intentional Program Violation (IPV).

**M20-353A (1/92), Approval Message - IPV Penalty Applied to AU**

The M20-353A message was developed to inform clients that their cash aid has been partially approved and that aid has been denied for the person who committed an IPV.

**M20-353B (1/92), Denial Message - IPV Penalty Applied to AU**

The M20-353B message was developed to inform a client that cash aid has been denied because of an IPV.

### INSTRUCTIONS FOR UPDATING THE AFDC NOA HANDBOOK

- o Insert the new NOA messages M20-353, M20-353A and M20-353B in Section VII of the Handbook.
- o (The attached Spanish translations of the messages are not to be filed in the Handbook.)

### TRANSLATIONS

The NOA messages will be translated into Cambodian, Chinese, Lao and Vietnamese. The Spanish translation is attached.

The Asian translations will follow under separate cover from the Language Services Bureau to the County Forms Coordinators who currently receive translated forms.

### STOCK

The NOA messages will not be printed nor stocked in the DSS Warehouse.

State of California  
Department of Social Services

Manual Msg. No.: M20-353  
Action : Change  
Issue: Sanction, IPV  
Title: IPV Penalty  
Applied to AU  
Form No. : NA200  
Effective Date : 01/23/92, new  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source :  
Regulation Cite: 20-353.1, 40-173.1, 44-315, 44-317

MESSAGE: As of \_\_\_\_\_, the County is changing your cash aid from  
\$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Here's why:

Cash aid will stop for \_\_\_\_\_, who broke a  
Welfare rule on purpose (Intentional Program Violation). This person  
can't be aided:

☐ for the next 6 months.  
☐ for the next 12 months.  
☐ anymore.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to change the monthly grant because of an IPV  
sanction which disqualifies an AU member from participating in the AFDC  
Program.

Fill in the effective date of the action and specify the old and new  
cash aid amounts. Specify who committed the IPV and check the box for  
the appropriate duration of disqualification from the AFDC Program.

Complete the new budget computation in the right hand column.

State of California  
Department of Social Services

Manual Msg. No.: M20-353A  
Action : Approval  
Issue: Sanction, IPV  
Title: IPV Penalty  
Applied to AU  
Form No. : NA200  
Effective Date : 01/23/92, new  
Revision Date :  
Regulation Cite: 20-353.1, 40-173.1, 44-315, 44-317

Auto ID No. :

Flow Chart No. :

Source :

Regulation Cite: 20-353.1, 40-173.1, 44-315, 44-317

MESSAGE: As of \_\_\_\_\_, the County has approved cash aid for some members of your family.

Aid has been denied for \_\_\_\_\_.

Here's why:

This person broke a Welfare rule on purpose (Intentional Program Violation) and can't be aided:

- ☐ for the next 6 months.
- ☐ for the next 12 months.
- ☐ anymore.

Your first day of cash aid is \_\_\_\_\_. Your first month's cash aid amount is \$\_\_\_\_\_.

This amount is based on your full monthly cash aid amount figured on this notice.

INSTRUCTIONS: Use to partially approve an AU for cash aid. Use to deny aid to an AU member because of an IPV sanction which disqualifies this person from participating in the AFDC Program.

Fill in the effective date of the action. Specify who committed the IPV and check the box for the appropriate duration of disqualification from the AFDC Program.

Fill in the starting date and the amount of the first month's cash aid.

Complete the new budget computation in the right hand column.

State of California  
Department of Social Services

Manual Msp No.: M20-353B  
Action : Denial  
Issue: Sanction, IPV  
Title: IPV Penalty  
Applied to AU  
Form No. : NA290  
Effective Date : 01/23/92, new  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source :  
Regulation Cite: 20-353.1, 40-173.1

MESSAGE: The County has denied your application for cash aid dated

Here's why:

You broke a Welfare rule on purpose (Intentional Program Violation) and can't be aided:

- ☐ for the next 6 months.
- ☐ for the next 12 months.
- ☐ anymore.

INSTRUCTIONS: Use to deny cash aid to an applicant because of an IPV sanction which disqualifies this person from participating in the AFDC Program.

Fill in the date of application for cash aid. Check the box for the appropriate duration of disqualification from the AFDC Program.



# NOTIFICACION DE ACCION

CONDADO DE \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : \_\_\_\_\_  
Nombre : \_\_\_\_\_  
del caso : \_\_\_\_\_  
Número : \_\_\_\_\_  
Nombre del : \_\_\_\_\_  
trabajador(a) : \_\_\_\_\_  
Número : \_\_\_\_\_  
Teléfono : \_\_\_\_\_  
Dirección : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador(a).

**Audiencia con el estado:** Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir de \_\_\_\_\_, el condado cambiará su asistencia monetaria de \$ \_\_\_\_\_ a \$ \_\_\_\_\_.

La razón es la siguiente:

Se parará la asistencia monetaria para \_\_\_\_\_, quien violó una regla de la asistencia pública a propósito (Violación Intencional del Programa). Esta persona no puede recibir asistencia:

- ☐ en los próximos 6 meses.
- ☐ en los próximos 12 meses.
- ☐ nunca en el futuro.

En esta notificación se calcula su asistencia monetaria.

## Cantidad de la asistencia monetaria mensual

Sección A	Sus ingresos contables en _____ (MES)
Total de ingresos ganados	\$ _____
Deducción por gastos de trabajo	- _____
Deducción de \$30	- _____
Deducción de \$30 y 1/3	- _____
Deducción por cuidado de personas a su cargo	- _____
Otros ingresos contables (enumere las fuentes)	+ _____
_____	+ _____
_____	+ _____
Mantenimiento pagado ordenado por la corte	- _____
Ingresos netos contables	= _____

Sección B	Su asistencia monetaria en _____ (MES)
1. Nec. básicas para _____ personas	\$ _____
2. Necesidades especiales	+ _____
3. Subtotal	= _____
4. Ingresos netos contables	- _____
5. Subtotal A	= _____
6. Asist. máxima para _____ personas	\$ _____
7. Necesidades especiales	+ _____
8. Subtotal B	\$ _____
9. Cantidad de asistencia monetaria (Lo que sea menos de Subtotal A o B)	\$ _____
10. Ajuste por pago excesivo (hoja por separado)	- _____
11. Cant. de la asist. monetaria mensual	\$ _____

**Reglamentos.** Estos ordenamientos aplican; usted puede consultarlos en su oficina de bienestar: MPP 20-353.1, 40-173.1, 44-315, 44-317

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CONDADO DE \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : \_\_\_\_\_  
Nombre del caso : \_\_\_\_\_  
Número : \_\_\_\_\_  
Nombre del trabajador(a) : \_\_\_\_\_  
Número : \_\_\_\_\_  
Teléfono : \_\_\_\_\_  
Dirección : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador(a).

A partir de \_\_\_\_\_, el condado ha aprobado su asistencia monetaria de \$ \_\_\_\_\_ a \$ \_\_\_\_\_.

Se ha negado la asistencia para \_\_\_\_\_

La razón es la siguiente:

Esta persona violó una regla de la asistencia pública a propósito (Violación Intencional del Programa) y no puede recibir asistencia:

- ☐ en los próximos 6 meses.  
☐ en los próximos 12 meses.  
☐ nunca en el futuro.

El primer día en que usted recibirá su asistencia monetaria es el \_\_\_\_\_. La primera cantidad de asistencia monetaria que usted recibirá, será \$ \_\_\_\_\_.

Esta cantidad se basa en su cantidad completa de asistencia monetaria que se calcula en esta notificación.

## Cantidad de la asistencia monetaria mensual

Sección A	Sus ingresos contables en _____ (MES)
Total de ingresos ganados	\$ _____
Deducción por gastos de trabajo	- _____
Deducción de \$30	- _____
Deducción de \$30 y 1/3	- _____
Deducción por cuidado de personas a su cargo	- _____
Otros ingresos contables (enumere las fuentes)	_____ + _____
	_____ + _____
	_____ + _____
Mantenimiento pagado ordenado por la corte	- _____
Ingresos netos contables	= _____

Sección B	Su asistencia monetaria en _____ (MES)
1. Nec. básicas para _____ personas	\$ _____
2. Necesidades especiales	+ _____
3. Subtotal	= _____
4. Ingresos netos contables	- _____
5. Subtotal A	= _____
6. Asist. máxima para _____ personas	\$ _____
7. Necesidades especiales	+ _____
8. Subtotal B	\$ _____
9. Cantidad de asistencia monetaria (Lo que sea menos de Subtotal A o B)	\$ _____
10. Ajuste por pago excesivo (hoja por separado)	- _____
11. Cant. de la asist. monetaria mensual	\$ _____

**Reglamentos.** Estos ordenamientos aplican; usted puede consultarlos en su oficina de bienestar: MPP 20-353.1, 40-173.1, 44-315, 44-317

# NOTIFICACION DE ACCION

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DEPARTMENT OF SOCIAL SERVICES

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del caso : \_\_\_\_\_  
Número : \_\_\_\_\_  
Nombre del : \_\_\_\_\_  
trabajador( a) : \_\_\_\_\_  
Número : \_\_\_\_\_  
Teléfono : \_\_\_\_\_  
Dirección : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador(a).

**Audiencia con el estado.** Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

El condado ha negado su solicitud para asistencia monetaria de fecha \_\_\_\_\_.

La razón es la siguiente:

Usted violó una regla de la asistencia pública a propósito (Violación Intencional del Programa) y no puede recibir asistencia:

- ☐ en los próximos 6 meses.
- ☐ en los próximos 12 meses.
- ☐ nunca en el futuro.

☐ Usted recibirá otra notificación con respecto a su Medi-Cal.

**Reglamentos.** Estos ordenamientos aplican; usted puede consultarlos en su oficina de bienestar: MPP 20-353.1, 40-173.1

**ATTENTION:****AFDC APPLICANTS AND RECIPIENTS  
DISQUALIFICATION PENALTIES**

A new law says that if you apply for/or get AFDC but don't report important facts you know or can get, or you report facts that you know are not true, you may get a penalty. Not reporting these facts is called an Intentional Program Violation (IPV).

If a court or special hearing says that anyone did an IPV, AFDC will stop for that person. For a first IPV, AFDC stops for 6 months; for a second, AFDC stops for 12 months; and for a third, AFDC stops forever.

Also, if a person doesn't report facts or gives false facts, there can be more penalties from other laws.

**ATENCION:****PERSONAS QUE RECIBEN Y SOLICITAN AFDC**

Una nueva ley establece que si usted quiere o recibe AFDC pero no reporta datos importantes que usted sabe o que puede conseguir, o si reporta datos que usted sabe no son verdaderos, posiblemente usted sea sancionado. El no reportar estos datos se le llama Violación Intencional del Programa (IPV).

Si una corte o una audiencia especial establece que alguien cometió una IPV, parará la AFDC para esa persona. Por la primera IPV, la AFDC parará 6 meses; por una segunda IPV, la AFDC parará 12 meses; y por una tercera IPV, la AFDC parará para siempre.

Además, si una persona no reporta dichos datos, o da datos falsos, pudiera haber otras sanciones aplicables en conformidad con otras leyes.

# NOTICE OF ADMINISTRATIVE DISQUALIFICATION

Notice Date :  
Case :  
Name :  
Number :  
Worker :  
Name :  
Number :  
Telephone :  
Address :

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** You cannot appeal the disqualification action in a state hearing.

## DISQUALIFICATION ACTION

The following action disqualified you from the AFDC Program:

- ☐ A state hearing decision found you committed an intentional program violation (IPV).
- ☐ A court decision found you committed an IPV.
- ☐ You signed a Disqualification Consent Agreement on \_\_\_\_\_.
- ☐ You signed an Administrative Disqualification Hearing Waiver on \_\_\_\_\_.
- ☐ You were disqualified from the AFDC Program in \_\_\_\_\_.

(LOCATION)

A copy of the above action was sent or given to you. If a state hearing decision found that you committed an IPV, the state or federal government may still prosecute you in court.

## DISQUALIFICATION PENALTY

The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.

This is your \_\_\_\_\_ violation, which means:

- ☐ You cannot get aid as of \_\_\_\_\_ for \_\_\_\_\_ months.
- ☐ You cannot get aid for \_\_\_\_\_ months. Since you are not eligible now, this penalty will start when you reapply and are otherwise eligible.
- ☐ You have been permanently disqualified from the AFDC Program, as of \_\_\_\_\_.

COMMENTS:

**Rules:** These rules apply. You may review them at your welfare office: 20-353.1.

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid      ☐ Food Stamps

### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253  
If you are deaf and use TDD call 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child Support:** The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W & I, Code Section 10950)

## HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page, and send or take it to:

You may also call 1-800-952-5253.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid      ☐ Food Stamps      ☐ Medi-Cal  
☐ Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will bring this person to the hearing to help me  
(name and address, if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I need an interpreter at no cost  
to me. My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

My signature \_\_\_\_\_

Date: \_\_\_\_\_

**DISQUALIFICATION CONSENT AGREEMENT**

Date:

Case Name:

Case Number:

**IMPORTANT NOTICE**

This form may apply to you only if you are a member of one of the two classes set forth below:

- (1) You have been accused of an Intentional Program Violation and have met the terms of a court order; or
- (2) You have been accused of an Intentional Program Violation but have not been prosecuted because you have met the terms of an agreement with the prosecutor, which was endorsed by the court.

\_\_\_\_\_ County has reason to believe that you \_\_\_\_\_, committed an Intentional Program Violation. This means that you **intentionally** gave the County wrong information or you **intentionally** did not tell the truth when you were asked certain questions. By "intentionally" we mean that you did it on purpose. This resulted in an overpayment of \$ \_\_\_\_\_ in AFDC benefits.

**Information Notice**

If you sign the Disqualification Consent Agreement:

- Your income and resources will continue to be counted when figuring the Assistance Unit's eligibility.
- The Disqualification Consent Agreement must be signed by you (the accused person).
- You will be disqualified from the AFDC Program for a period of time even if you do not admit to the facts presented by the County. (See Disqualification Penalties).
- You will be disqualified from the AFDC Program for a period of time even if a court does not find you guilty of fraud.
- If you do not agree with this Disqualification Consent Agreement after signing and a disqualification penalty has been imposed, you cannot ask the State or County for a hearing. You can file an appeal in an appropriate court of law.

**DISQUALIFICATION PENALTIES WARNING:**

Within 45 days from the date you sign this agreement, you will not be eligible to get AFDC for:

- ☐ 6 months (for the first violation)
- ☐ 12 months (for the second violation)
- ☐ Permanent disqualification (for the third violation)

This is your \_\_\_\_\_ violation, which means that:

- If you sign this Disqualification Consent Agreement, your disqualification penalty will be \_\_\_\_\_.
- If you are not eligible for AFDC right now, your disqualification period will begin after you reapply and are otherwise eligible.

If you need legal help in deciding whether to sign or not sign the Disqualification Consent Agreement and you cannot afford a lawyer, you may be able to get free legal aid by contacting the nearest office listed here:

If you have any questions or need more information about the Disqualification Consent Agreement, please contact \_\_\_\_\_ at (     ) \_\_\_\_\_.

**DISQUALIFICATION CONSENT AGREEMENT:**

I have reviewed the information given to me regarding the Disqualification Consent Agreement.

I understand what shall happen to me if I sign this consent agreement.

**I HEREBY VOLUNTARILY CONSENT TO BE DISQUALIFIED FROM THE AFDC PROGRAM FOR A PERIOD OF**

\_\_\_\_\_.

Please check one of the boxes below:

- ☐ I do not admit that the facts as presented are correct. However, I have chosen to sign this Disqualification Consent Agreement and understand that a disqualification penalty shall result.
- ☐ I admit to the facts as presented and understand that a disqualification penalty shall be imposed if I sign this Disqualification Consent Agreement.

\_\_\_\_\_  
Signature of Accused Person

\_\_\_\_\_  
Date



# ATTACHMENT V

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

## DISQUALIFIED RECIPIENT REPORT

SEE INSTRUCTIONS ON REVERSE SIDE

<b>1. STATE CODE</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">6</div> </div>		<b>2. COUNTY FIPS CODE</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<b>3. ACTIVITY CODE</b> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>             1 = ADD              2 = REVISION              3 = DELETE              4 = KEY CHANGE           </div> </div>	
<b>4. SOCIAL SECURITY NUMBER</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<b>5. DATE OF BIRTH</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;">M M</div> <div style="text-align: center;">D D</div> <div style="text-align: center;">Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<b>6. SEX CODE</b> <div style="display: flex; align-items: center; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>"M" or "F"</div> </div>	
<b>7. NAME</b> <div style="margin-top: 10px;"> <b>A. LAST NAME</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="margin-top: 10px;"> <b>B. FIRST NAME</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="margin-top: 10px;"> <b>C. M.I.</b> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div> </div> <div style="margin-top: 10px;"> <b>D. KNOWN TO USE ALIAS</b> <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>CHECK IF YES</div> </div> </div>					
<b>8. DATE DISQUALIFICATION WAS RENDERED</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;">M M</div> <div style="text-align: center;">D D</div> <div style="text-align: center;">Y Y</div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			<b>9. DISQUALIFICATION OFFENSE</b> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>             1. FIRST OFFENSE              2. SECOND OFFENSE              3. THIRD OFFENSE           </div> </div>		
<b>10. LENGTH OF DISQUALIFICATION</b> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 10px;"></div> <div>             06 = 6 MONTHS              12 = 12 MONTHS              99 = PERMANENT              OTHER = ENTER NUMBER OF MONTHS           </div> </div>			<b>11. EFFECTIVE DATE OF DISQUALIFICATION</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;">M M</div> <div style="text-align: center;">D D</div> <div style="text-align: center;">Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
<b>12. STATE/COUNTY REFERENCE DATA</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>CO.</b>  <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div> <b>CASE NO.</b>  <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div> <b>FBU</b>  <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div> </div> </div> <div style="margin-top: 10px;"> <b>MISC.</b>  <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>				<b>13. PROGRAM CODE</b> (CHECK ONLY ONE) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>F.S.</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>AFDC</div> </div>	
<b>14. PREPARED BY</b> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>		<b>TELEPHONE NUMBER</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">             AREA CODE ( )           </div> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="text-align: center;">EXT</div> </div>		<b>DATE PREPARED</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	

## FIELD INSTRUCTIONS

ITEMS 1 - 7 AND 12 ARE MANDATORY ON ALL DOCUMENTS

2. County Fips Code:

001 Alameda	031 Kings	061 Placer	091 Sierra
003 Alpine	033 Lake	063 Plumas	093 Siskiyou
005 Amador	035 Lassen	065 Riverside	095 Solano
007 Butte	037 L.A.	067 Sacramento	097 Sonoma
008 Calaveras	039 Madera	069 San Benito	099 Stanislaus
011 Colusa	041 Marin	071 San Bernardino	101 Sutter
013 Contra Costa	043 Mariposa	073 San Diego	103 Tehama
015 Del Norte	045 Mendocino	075 San Francisco	105 Trinity
017 El Dorado	047 Merced	077 San Joaquin	107 Tulare
019 Fresno	049 Modoc	079 San Luis Obispo	109 Tuolumne
021 Glenn	051 Mono	081 San Mateo	111 Ventura
023 Humboldt	053 Monterey	083 Santa Barbara	113 Yolo
025 Imperial	055 Napa	085 Santa Clara	115 Yuba
027 Inyo	057 Nevada	087 Santa Cruz	
029 Kern	059 Orange	089 Shasta	

3. Activity Code: Enter the proper code for the function being reported

- 1 = Add - Use this code to add a new disqualified individual not previously listed in the national computerized disqualification network.
- 2 = Revision - Use this code to change one or more items on an existing report for a disqualified individual. However, the original social security number shown on the existing report must be entered.
- 3 = Delete - Use this code to delete an existing report on a disqualified individual; for example, when a court has reversed the decision on the case, or the wrong SSN was used to establish a individual on the file.  
When deleting a record ALL fields must be completed to match exactly the record to be deleted.
- 4 = Key Change - Future use.

7. Name:

Name Field. Item 7a, 7b & 7c insert ONLY letters and numbers -NO period, commas, dashes, etc. Leave one space between last name and title (such as Jr.).

Aliases. Check this box if the individual being reported is known to use assumed names.

8. Data Disqualification Decision was Rendered: Enter the Month, Day, and Year of the disqualification decision.

9. Disqualification Offense:

- 1 = First Offense
- 2 = Second Offense
- 3 = Third Offense

10. Length of Disqualification: Enter the number of months using two digits, i.e. 06 = six months. There may be situation where other than the standard 06, 12, or 99 will be entered.

11. Effective Date of Disqualification: Enter the date the disqualification started. If the disqualification has not started enter all 9's.

12. State Reference Information:

- County Code = Two Digits
- Case Number = Seven Digits
- FBU = One Digit
- Misc. = Nine Digits

13. Program Code: CHECK ONLY "ONE" PROGRAM PER DOCUMENT.